

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10552609
5 SEP 2006

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		/			
4	1		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	9	←	8	←	←	
TOTAL CLAIMS	11		10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						